OMB No. 0925-0318 Expires: 4/30/97

> ID 1-5/ Batch 6-8/

Principal Investigator Questionnaire Survey of Extramural Shared Instrumentation Activities National Institutes of Health

Listed below are your name (as the Principal Investigator*), institution, department, the Shared Instrumentation Grant (SIG) number, year of grant award, type of instrument(s) funded and the instruments(s) model description(s). Please correct items where information is incorrect.

Corrections

	Corrections	
If someone other than the Principa questionnaire, please fill in the following the following that the principal question are the principal question and the principal question are the principal question and the principal question are the principal question and the principal question are the	I investigator (the person listed all owing information:	oove) completes this
Name:	Title:	
Department:	Telephone: ()	ext
All information you provide will be Service (PHS) assures that your resor all of the information will in no vare not available, estimates are according to the information will be a second to the information you provide will be service (PHS) assures that your resord to the information you provide will be service (PHS) assures that your resord to the information you provide will be service (PHS) assures that your resord to the information will be a service (PHS) assures that your resord to the information will be a service (PHS) assures that your resord to the information will be a service to the service to the service to the information will be a service to the information	sponse is entirely voluntary and fa way adversely affect your institut	ailure to provide some
This questionnaire should be return as possible is very important.	ned in the enclosed self-addressed or cooperation in returning the sur	d stamped envelope by vey instrument as soon
If you have any questions regardin Associates, 1-800-546-3230.		
*Individual <u>currently</u> responsible for the SIG inst "Principal Investigator" on the SIG application).	rument (may or may not be the individual orig	inally designated as the
Public reporting burden for this collection of inforeviewing instructions, searching existing data serviewing the collection of information. Send of information, including suggestions for reducing Building, 200 Independence Ave., SW Washingt Paperwork Reduction Project (0925-0318), Washington Project (0925-0318), Was	sources, gathering and maintaining the data neo comments regarding this burden estimate or an ing this burden, to: PHS Reports Clearance Offi ton, D.C. 20201, ATTN: PRA; and to Office o	eded, and completing and by other aspect of this collection icer, Rm. 737-F, Humphrey of Management and Budget,

To complete the questionnaire, you are encouraged to consult any former PI(s), the instrument operator, if present, and other persons knowledgeable about the instrument.

addresses.

1. On average, how many hours per week in calendar year 1993 (including weekdays/evening/weekends) was the SIG instrument available for use in conducting research, and, for how many hours was it actually used? This includes the development of instrument use techniques and methods, and time spent training staff involved in conducting the research for which the SIG instrument is used. General student training is **excluded**.

1993 average hours instrument was **available*** for use per week: _____ 9-11/ 1993 average hours instrument was actually used per week: _____ 12-14/

*(Available time <u>excludes</u> time when it is not possible to use the instrument because the facility is closed, the instrument is undergoing or awaiting preventative or remedial repair, specially skilled labor needed to operate the instrument is not present, necessary supplies are absent, or any other reason(s) that make the instrument impossible to use for research during a given period.

2. Please identify up to ten **PHS-sponsored** users, each of whom accounted for a significant share of SIG instrument use in 1993. (PHS-sponsored user is defined as an investigator who applies the SIG instrument in PHS-sponsored, peer-reviewed research. The user need not personally operate the SIG instrument). Record the estimated average share of use time in 1993 for each identified PHS-sponsored major user, **including yourself if you are a major user**. (Refer to item 1 above before completing this table and answering items 3b and 4b):

1993 PHS-sponsored Major Users of the SIG Instrument

PHS-SPONSORED MAJOR USERS (name, telephone number, address)	ESTIMATED USE: percent of time used	
1.		15-1
2.		18-2
3.		21-2
4.		24-2
5.		
6.		27-2
7.		30-3
8.		33-3
9.		36-3
10.		39-4
		42-4

За.	How many additional PHS-spon the above table)?	sored users were there in 1993 (those not list	ted in
		Estimated Number	45-47/
b.	What estimated share of time users account for?	used in 1993 did these additional PHS-sponsor	red
		Estimated Percent	48-50/
4a.	Recognizing that the SIG instru- scientists who are not sponsore PHS-sponsored users in 1993?	ment could be useful to other biological or phy ed by PHS, what is the estimated number of n	ysical ıon-
		Estimated Number	51-53/
b.	What estimated share of time u account for?	used in 1993 did the non-PHS sponsored users	S
		Estimated Percent	54-56/
5.		ers in the local biomedical research community who are unable to gain access? (Circle the appropriate	
	No		
	Comments:	58-59/	
		60-61/	
		62-63/	
6.	Sometimes full use of scientific ins was not fully utilized sometime du (Circle all that apply.)	strumentation is not possible. If the SIG instrumen ring 1993, was this because	nt

pre Th Th the An	e instrument was not reliable (did not provide the required ecision and consistency of measurements) 2 is instrument was obsolete 3 ere were not enough investigators who needed to use e instrument 4 operator was needed, but not available 5 e instrument was too expensive to use for some investigators 6	69/
Th the An Th	ere were not enough investigators who needed to use instrument4 operator was needed, but not available5	- 69/
the An Th	operator was needed, but not available5	
Th		70/
	e instrument was too expensive to use for some investigators 6	101
Th	e mondification vas too expensive to ase for some investigators e	71/
ар	ere were not enough investigators who were skilled in the plication of the instrument	72/
Th	e instrument was placed in an inconvenient location8	73/
Ot	ner9	74/
Pl€	ase specify:	75-76/
since the i	imation, how has the amount of use of the SIG instrument by anstrument became operational? (Circle the appropriate number.) reased greatly) 2 3 4
What, in y instrument	our opinion, accounts for any increase or decrease in the amou use?	nt of SIG

8a.

Has the share of SIG instrument use accounted for by **PHS-sponsored** users changed since the instrument became operational? (Circle the appropriate number.)

Increased greatly	1 84/
Increased somewhat	2
No change	3
Decreased somewhat	4
Decreased greatly	
What, in your opinion, accounts for any increase of instrument use by PHS spansored researchers?	or decrease in the amount of SIG
What, in your opinion, accounts for any increase of instrument use by PHS-sponsored researchers?	or decrease in the amount of SIG
	or decrease in the amount of SIG
	or decrease in the amount of SIG
	or decrease in the amount of SIG

Topic B: SIG Instrument Operations and Maintenance

Many SIG instruments require specially trained operators to ensure efficient or optimal utilization. The Principal Investigator is encouraged to work with the "instrument operator", if present, to complete the following questions.

1. When was the SIG instrument first used for **PHS-sponsored** research? If the SIG instrument is a multi-component system, identify the date when the first component supported by this grant was used for PHS-sponsored research.

Month Year 91-92/ 93-94/

2. Please identify the source(s) of funds used for acquisition of the SIG instrument. (Specify approximate percentage of contribution from each applicable source.)

Percent	Federal Source	Percent Non-Federal Source
	SIG award Other NIH NSF (National Science Foundation)	%118-120/ Institution or department funds%121-123/ State grant or appropriation%124-126/ Private or nonprofit foundation
	DOD (Department of Defense) DOE (Department of	(e.g., Howard Hughes Medical Institute)%127-129/ Business or industry%130-132/ Other non-Federal sources
%110-112/ %113-115/	Agriculture) Other Federal sources	Specify:133-134/
	Specify:116-117/	

3.	Where i	s the SIG	instrument	currently loc	ated? (Circ	cle all that	apply.)		
		In a depa In an inte In an inte	rtmental lab rdepartment rinstitutiona	aboratory or factory o	cility or facility or facility _.		2 3	136/ 137/ 138/	
								139/	
		Please sp	eciry:			1	40-141/		
		-				1	42-143/		
						1	44/		
4 a.	e.g., alt	ered or u	ograded?	t became op				-	l,
b.	For eac	h significa	ınt modifica	tion, please I	ist:				
	!	The year	modification	was comple	eted;				
			oximate cos cable indirec	t include b t cost; and	oth labor a	nd non-lab	or costs as	well as	
	!	A brief de	escription of	the change.					
	Mod. N	<u>o.</u> <u>Y</u>	<u>ear</u>	Approx. C	<u>ost</u>	Descript	ion of the (<u>Change</u>	
	1	_	146-147/	\$	148-154/				155-156
	2		157-158/	\$	159-165/				166-167
	3	_	168-169/	\$	170-176/				177-178
	4		179-180/	\$	181-187/				188-189
	5		190-191/	\$	192-198/				199-200
5.	and cor	nsistency	of measuren	nd severity on ments, how work	would you i	rate the SI			

Somewhat above average	2
Average	
Somewhat below average	
Poor	5

b.	What percent of the maintenance costs we during 1993? If none, please enter zero.	ere met by each o	of the follov	ving sources of funds
			Maintena	ance_
	User Fees			% 209-211
	Institution, departmental, or laboratory fun	ds		% 212-214/
	Funds allocated from other PHS awards			% 215-217/
	Other Federal awards			% 218-220/
	Other (please specify):	_ 221-222/		% 223-225/
		_ 226-227/		% 228-230/
		_ 231-232/		% 233-235/
			100	%
7a.	Was an instrument operator assigned to that applies.)	ne SIG instrument	? (Please o	circle the number that
	Yes (Answer item 7b)			2
b.	What percent of the SIG instrument operat following sources of funds during 1993?			y each of the
			Instrument Compens	
	User Fees			% 237-239/
	Institution, departmental, or laboratory fun	ds		% 240-242/
	Funds allocated from other PHS awards			% 243-245/
	Other Federal awards			% 246-248/
	Other (please specify):	_ 249-250/		% 251-253/
		254-255/		% 256-258/
		_ 259-260/		% 261-263/
			100	%

Topic C: SIG Instrument Advisory Committee

1.	Is there an instrument advisory committee for administration and/or oversight of the Sinstrument? (Please circle the number that applies.)	SIG
	Yes (Go to item 2)	
2.	Which one of the following best describes the SIG instrument advisory committee? (Figure 1) circle the number that applies.)	Please
	An advisory committee established solely for this SIG instrument1 265/	
	The Biomedical Research Support Grant (BRSG) committee (required for PHS BRS Grants)2	
	Some other standing committee (e.g., core facility management committee, core research resource committee)3	
3.	How may times did the advisory committee meet to discuss the SIG instrument in calc year 1993?	endar
	Number of meetings	266-267/
4a.	What was the size of the advisory committee in 1993?	
	Number of members	268-269/
b.	In 1993, how many members of the SIG instrument advisory committee were: (Please the number of committee members in each category; if none, enter zero.)	e enter
	Members of your laboratory	270-271/
	Members of your department, but not your laboratory	272-273/
	Members of your institution, but not your department	274-275/
	Not members of your institution	276-277/
5.	How many members of the advisory committee were investigators who used the SIG instrument during 1993?	

Number of	of	members
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278-279/

6. Since the SIG instrument became operational, has the SIG instrument advisory committee established policies or procedures concerning the following matters? (Circle 1 for yes, 2 for no, or 3 for not needed); "not needed" applies when policies and procedures in the area are handled outside the advisory committee or are "not considered necessary".

	YES	NO	NOT NEEDED	
Publicizing the availability of the instrument	1	2	3	280/
Hours the instrument is available for use	1	2	3	281/
Establishment of standards for users (e.g., excluding certain areas of research or types of biological samples)	1	2	3	282/
Selecting among potential users	1	2	3	283/
Procedures for scheduling use of the instrument (e.g., sign-up sheets, user logs)	1	2	3	284/
Maintenance schedule or procedures	1	2	3	285/
Increasing user pool (e.g., outreach to potential users)	1	2	3	286/
Other (Please specify):	1	2	3	
287-288/				289/
290-291/	1	2	3	292/
293-294/	1	2	3	295/
296-297/	1	2	3	298/

Topic D: Added Comments

2.	Please give any suggestions, concerns or comments you or your users have Shared Instrumentation Grant program (e.g., NIH or PHS policies which dis grantees from applying for an SIG grant; problem with, or resulting from, cand procedures; etcetera).	courage p
2.	Shared Instrumentation Grant program (e.g., NIH or PHS policies which disgrantees from applying for an SIG grant; problem with, or resulting from, or	courage p
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Topic E: Questions for Pls Who Are Also Major Users

If you are a PHS-sponsored major user of the SIG instrument listed on page 1, please complete the following items. If you are not a PHS-sponsored major user of the instrument, go to question 8 on page 15.

Always able to gain access	1 316/
Usually able to gain access	2
Sometimes able to gain access	3
Usually unable to gain access	4
Always unable to gain access	5
Please explain reason(s) if you are usually or access:	always un able to gain
	always un able to gain

2. Please list the PHS-sponsored research grant number(s) that supported the research for which you used the SIG instrument in 1993. Also rate the importance of the SIG instrument in this research. Use additional sheets, as needed.

PHS Research Grant No.		Essential Somewhat Important		Peripheral	
Ex: 3R01CA00900		1	2	3	
1.	321-340/	1	2	3	341/
2.	342-361/	1	2	3	362/
3.	363-382/	1	2	3	383/
4.	384-403/	1	2	3	404/
Comments:					405-406, 407-408,

3. Please list the PHS grant application number(s) for any of your pending PHS-sponsored research application(s) that would involve use of the SIG instrument. (If you have not yet received a grant application number, please list the title of the application and the institute to which it was referred.) Also rate the importance of the SIG instrument to the proposed research. Use additional sheets as needed.

PHS Research Grant No.	Essential	Somewhat Important	Peripheral			
Ex: 3R01CA00900	1	2	3			
1. 409-428/	1	2	3	429/		
2. 430-449/	1	2	3	450/		
3. 451-470/	1	2	3	471/		
4. 472-491/	1	2	3	492/		
Comments:						
				495-496/		

4. When did you first use the SIG instrument to conduct research, including the development of instrument use techniques and methods? (Training staff to conduct research using the SIG instrument qualifies as instrument use, but general student training does not.)

Month Year 497-498/ 499-500/

5. Please rate the **current** technological status of the SIG instrument, including any modifications, e.g., alterations or upgrades. The rating should be from the perspective of your specific area of biomedical research.

	Yes	or	No
State-of-the-art in your area? Adequate to meet your research needs?	1 1		2 5012 502
If not adequate, please give your area of research, and explain:			
5	03-505/		
5	06-507/		
5	08-509/		

6.	Has yo	our use of the SIG instruner.)	nent chanç	ged since y	ou first used	d it? (Circle	e the appropi	riate
		Increased greatly Increased somewhat Decreased somewhat Decreased greatly				2 3 4	510/	
		Comments:						
						511-5		
						513-5	14/	
7.		lering your entire usage c HS research in each of th						า
				gnificant pact	Significan	t Impact	No Impact	
		enduct research that e done previously	1	2	3	4	5	515/
Puk	olications		1	2	3	4	5	516/
Ab	ility to ga	in research funds	1	2	3	4	5	517/
	ility to re	cruit and retain s	1	2	3	4	5	518/
Col	Collaboration		1	2	3	4	5	519/
8.	depart comm	describe any other effec ment, institution or local unity is defined as the co ly involved, or interested	biomedica llection of	l research local area	community. biomedical ir	(Local bior	medical resea s who are at	
							F00	-523/

Thank you for participating in this study. Please place the questionnaire in the enclosed envelope and return it to: Shared Instrumentation Grant Study, Abt Associates Inc., 55 Wheeler Street, Cambridge, MA 02138